

Official Form 5 (10/06)

United States Bankruptcy Court		INVOLUNTARY PETITION
District of _____		
IN RE (Name of Debtor - If Individual: Last, First, Middle) Saunders, Leslie M.		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (If more than one, state all.):		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 2850 W. Horizon Ridge Pkwy #200 Henderson, NV 89052		MAILING ADDRESS OF DEBTOR (If different from street address)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS		ZIP CODE
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box.) Petitioners believe: <input checked="" type="checkbox"/> Debts are primarily consumer debts <input type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input checked="" type="checkbox"/> Individual (Includes Joint Debtor) <input type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(31)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other
VENUE		FILING FEE (Check one box)
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <small>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</small>
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY
1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; <small>or</small> b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		<small>RECEIVED U.S. BANKRUPTCY COURT NOV 10 2011 JCT 3:10 AM</small>

Official Form 5 (10/06) - Cont.

Name of Debtor
Case No.

Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

TRANSFER OF CLAIM

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x *Jaclyn Libowitz*
Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

12 Walton Ave.
white Plains, NY
50168

x *Obie McKenzie*
Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

3050 Ascut Ln.
Roswell, GA
30074

x *Anne Shores*
Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

PRKwy
2850 W. Horizon Ridge
Henderson, NV
89052

Name and Address of Petitioner

Jaclyn Libowitz

12 Walton Ave.
White Plains, NY 50168

Nature of Claim

NOTE

Amount of Claim

15,000.00

Name and Address of Petitioner

Obie McKenzie

3050 Ascut Ln.
Roswell, GA 30074

Nature of Claim

NOTE

Amount of Claim

10,000.00

Name and Address of Petitioner

Anne Shores

2850 W. Horizon Ridge Pkwy
Henderson, NV 89052

Nature of Claim

NOTE

Amount of Claim

5,000.00

Note:

If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

30,000.00

continuation sheets attached